



Kansas Department of Health and Environment

## Long Term Care Program

# FACT SHEET

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PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET ADDRESS ABOVE.

*The Long Term Care Program Fact Sheet is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, critical access hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning regulations and policies that affect long term care providers.*

### Clinical Documentation Guidelines

A work group composed of nursing facility staff, professional consultants and staff from the Bureau of Health Facilities met over the past year to develop a guideline for documentation in nursing facilities. Included in this issue of the *Fact Sheet* is a copy of the guideline.

The intent of the Clinical Documentation Guideline for Nursing Facilities was to provide a concise, easy to read document which would provide guidance to staff in developing documentation systems. In the past twelve years there have been major changes in the regulations governing nursing facilities. The resident assessment instrument (RAI) must be used by all certified and licensed nursing facilities in Kansas. The care provided to the resident must be based on the comprehensive assessment. The Federal survey process uses RAI information in determining quality of care. Both Medicare and Medicaid systems use the RAI for payment. It is essential that nursing facilities develop clinical documentation systems based on the RAI.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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Clinical documentation systems facilitate communication between caregivers, document the care and services delivered to a resident, and demonstrates that the care and services delivered meet professional standards of practice. In addition clinical records are reviewed to determine compliance with regulations and to substantiate delivery of care and services for third party payers. Finally, an effective documentation system is needed to protect the facility if litigation occurs.

It must be emphasized that a “guideline” is not a regulation. Guidelines support the intent of a regulation. Each facility must determine how they will use the guideline to meet a regulation. The important factor is that each facility develop a workable set of policies and procedures for documenting resident care which will meet the requirements found in federal and state regulations.

A list of resources which facilities can use to develop and/or revise their documentation systems will be published in the October 2001 *Fact Sheet*. The internet has a wealth of information which can be used to assist staff in meeting current standards of practice. It is anticipated that this guideline will be revised periodically to reflect changes in regulations and clinical practice.

Please note in the preface to the guidelines the list of individuals who provided their time and expertise in the development of the guideline. This project would not have occurred without the dedication and interest of these individuals.

## **Health Care Financing Administration (HCFA) changes Name**

The federal agency that oversees regulation and reimbursement of most of the nation’s health care facilities changed its name on June 14, 2001. The Department of Health and Human Services agency known as the Health Care Financing Administration has become the Centers for Medicare and Medicaid Services (CMS). Tommy Thompson, Health and Human Services Secretary, has stated that the name change reflects a change in the federal agency’s attitude toward increased responsiveness.

## **CLIA Waiver**

All health care facilities that conduct laboratory testing on residents must comply with the federal Clinical Laboratory Improvement Act. Testing residents’ blood glucose level with a glucometer falls within the purview of this law. Long term care units in hospitals are not required to have a CLIA waiver if the hospital laboratory has a CLIA license.

To apply for a CLIA waiver, contact the KDHE Office of Laboratory Improvement at 785-296-3811 and ask for Maren Farr. Ms. Farr will mail an application packet to the facility. The packet is to be returned to KDHE. After processing, the application will be sent to the Center for Medicare and Medicaid Services (CMS). The CMS will bill the facility for the waiver fee. The fee must be sent directly to CMS.

It is essential that all nursing facilities ensure that staff who perform glucose testing are competent. Evidence of competency should be recorded in the employee’s personnel file. If during survey, it is found that the facility does not have a CLIA waiver or persons performing the test do not appear to be competent, a referral will be made by survey staff to the Laboratory Improvement Office.

## **Exemplary Nursing Home Award**

In the past six months, Secretary Graeber and the Bureau of Health Facilities recognized seven nursing facilities for exemplary care. In order to be considered for this award, the facility must be in full compliance with all licensure and certification requirements determined by a resurvey. In addition, the facility developed and implemented an exemplary care management system which improved the quality of care and quality of life for residents living in the facility. Below is a listing of the facilities and the focus of the care management systems which improved the lives of their residents.

Attica Long Term Care Facility, Attica	Restorative program which increased the mobility of residents. Psychosocial programs which improved resident functioning
Woodhaven Care Center, Ellinwood	Restorative program which increased mobility of residents Improved continence of residents Skin integrity program Activity programs to meet the needs of residents with different abilities and needs. Developed a mutually beneficial relationship between the community and residents of the facility Comprehensive program which supported the rights of residents
Louisburg Care Center, Louisburg	Restorative program which increased the mobility of residents
Liberal Good Samaritan, Liberal	Restorative program which increased the mobility of residents Activity programs which met the needs of residents with different abilities and needs
Villa Maria, Mulvane	Continence program Activity programs to meet the needs of residents with different abilities and needs
Olathe Good Samaritan Center, Olathe	Restorative program which increased the mobility of residents
Village Shalom, Overland Park	Developed a program which assisted residents to preform activities of daily living at their highest practicable level Restorative program which increased the mobility of residents Developed creative methods to meet the nutritional and personal food preferences of residents The physical environment of the facility provided a high degree of function, autonomy, sanitation, cleanliness and aesthetic appeal for residents.

All of the above facilities went beyond the minimum requirements of federal and state regulations to meet the unique needs of their residents. Each facility was nominated by a survey team. The recommendation was reviewed by administrative staff in Topeka and sent to Secretary Graeber. A letter from the Secretary was issued to each facility, along with a press release to local news media.

## Bureau to Move

The Bureau of Health Facilities plans to move to its new location the week of August 6, 2001. The new address will be 1000 SW Jackson, Suite 330, Topeka, Kansas 66612-1365. All phone numbers for the bureau will remain the same. The Bureau of Health Facilities asks for your patience during the move.

## Semi-Annual Report

Enclosed with this *Fact Sheet* is the Long Term Care Semi-Annual Report for the reporting period January 1, 2001 through June 30, 2001. All nursing facilities, assisted living facilities, residential health care facilities, nursing facilities for mental health, and intermediate care facilities for the mentally retarded are required to complete this report.

The deadline for filing this report is **JULY 16, 2001**. It is imperative that we receive your report by **July 16** as the Bureau of Health Facilities will be moving on August 6 to a new location. If you have any questions or concerns regarding this Report, please feel free to contact Sandra Dickson, Bureau of Health Facilities, (785) 296-1245.

## **Federal Revisit Policy Implemented**

Effective May 3, 2001, the Center for Medicare/Medicaid Services implemented a new revisit policy that will allow states to conduct only two revisits during a certification cycle to determine if nursing facilities have achieved compliance with federal regulations. States will be permitted to conduct a third revisit at a facility only after receiving approval from the CMS Regional Office. The policy states that revisits "may be conducted anytime for any level of noncompliance, remedies may be imposed anytime for any level of noncompliance, and revisits are not assured before termination can occur". This policy will require facilities to achieve compliance no later than the second revisit and may include any abbreviated surveys or revisits occurring during the certification period. If third or later revisits are not authorized, termination action may occur in lieu of later revisits and prior to six months following the survey.

The new policy will also allow, in some instances, for compliance to be certified as to the latest date in the facility's plan of correction. This could occur at the first revisit or when a facility can demonstrate by acceptable evidence that compliance was achieved before the revisit date on subsequent revisit. A complete copy of the revisit policy is attached to this *Fact Sheet*.

## **Bureau Launches Provider Directory on the Web**

The Bureau of Health Facilities recently launched a new web site which makes its directories of regulated health care providers available over the internet. The address of the site is: <http://www.kdhe.state.ks.us/bhfr/index.html> As Kansas law ( K.S.A. 21-3914 ) restricts the commercial use of names and addresses contained in or derived from public records, users of the directories are asked to read and agree to the permissible uses of the information before access is granted.

The directories provide general information such as facility name, address, telephone number, and administrator name for the 1400 health care providers that KDHE's Bureau of Health Facilities regulates. For hospitals, nursing homes (including mental retardation/mental health facilities), assisted living facilities, residential health care facilities, boarding care homes, home plus facilities and adult day care facilities, information is also provided about the number and type of beds. Other kinds of health care providers listed in the directory include ambulatory surgical centers, home health agencies, hospices, dialysis facilities, rural health clinics, rehabilitation clinics and portable x-ray service providers. Directory information will be updated approximately the first of every month.

Narrative material accompanies the directories and defines the types of providers in the directory and provides other explanatory information. Summary bed count information is also provided for long term care facilities and hospitals. Questions or comments about the directories should be directed to George Dugger at KDHE.

## **Health Occupations Credentialing Update**

**Criminal Background Check Program - Legislative Update** - Senate Substitute for HB 2067 amends the laws concerning the employment of persons by adult care homes and home health agencies by adding *attempt* to commit, *conspiracy* to commit, and *criminal solicitation* to commit to the list of crimes for which conviction would bar a person from employment by an adult care home or home health agency. Access to Kansas Bureau of Investigation (KBI) criminal records is limited to the information specifically needed, i.e., any felony, misdemeanor sexual battery, and mistreatment of a dependent adult. Upon the request of an operator (of an adult care home or home health agency) for the criminal record check on an applicant for employment, the information must be provided within three business days after receipt of a report from the KBI. A report is made regardless of whether a criminal history was found or not, or when further confirmation regarding criminal history record information is required from a Kansas court or the Kansas

Department of Corrections. This will result in a considerably higher volume of mailings which will include confidential information. The confidential information (record) may only be shared with the person who is the subject of the request. Violation is an 'unclassified misdemeanor' punishable by a fine of \$100.

The Criminal Background Check (CBC) program had a big increase in requests over the past few months. This year has shown a steady increase of about 15% over last year. As of June there have been 462 prohibitions issued since the program's implementation (July 1, 1998).

**Kansas Nurse Aide Registry** - More than **32,000** records for certified nurse aides, certified medication aides, and/or home health aides have been updated because of the employment verification information provided to KDHE. This has helped keep aides eligible for employment without delays in submitting documentation of employment or the skills competency verification. "Thank you" to all the facilities who have contributed this information. This is a tremendous improvement over past years.

**Certified Nurse Aide Instructor Applicants** - Securing instructors for CNA courses can be challenging. HOC staff assessed the problem and looked at alternatives for meeting the required experience in long-term care. Some registered nurses have geriatric long-term care experience which may count toward the requirements to become a CNA instructor, but it is not specifically in an adult care home. Now an instructor applicant may have their previous employer complete a form that verifies the type of nursing clients and nursing service they provided. Applicants still complete an initial application form and then request any previous employers complete the "Alternative Practice Setting Experience" form. The forms are evaluated and if approved, the experience in that facility may be applied toward the required 12-month full-time experience in long-term care. The "Alternative Practice Setting Experience for CNA Instructor Applicants" may be obtained upon request by calling (785) 296-0059 or e-mail [fbreedlo@kdhe.state.ks.us](mailto:fbreedlo@kdhe.state.ks.us)

**Candidates for Nursing Home Administrator Test** - The number of Kansas candidates taking the national test for nursing home administrators has decreased. Forty candidates took the test in 2000. That number is down 25% from the number who took the test in 1999 (53) and down 35% from a four-year average of 61. As a result of concern voiced to the board and by the Board of Adult Care Home Administrators, a group has formed to examine the issue along with reviewing the Administrator-in-Training program.

**New Sites for CNA and HHA Tests** - Beginning July 1, 2001, the locations at which CNA and HHA tests are administered will be slightly different. In response to the concern for adequate availability of testing locations, all state community colleges and vocational/technical colleges and schools were invited to enter into agreements with the department to administer tests. As of this publication, there have been 26 entities that have entered into agreements to provide testing. This adds 11 locations. Thank you to those newly added testing service providers! This began as a "pilot" project, but it soon became apparent that executing it as a policy would improve services to the candidates more quickly. A new test schedule will soon be available. The agreements are still being finalized. Locations for testing are (new locations are in **bold**): **Atchison** (Northeast KTC), **Arkansas City** (Cowley County CC), **Burlingame** (Allen County CC), **Chanute** (Neosho County CC), **Coffeyville** (Coffeyville CC), **Colby** (Colby CC), **Concordia** (Cloud County CC), **Dodge City** (Dodge City CC), **El Dorado** (Butler County CC), **Ft. Scott** (Ft. Scott CC), **Emporia** (Flint Hills TC), **Garden City** (Garden City CC), **Goodland** (Northwest KTS), **Great Bend** (Barton County CC), **Hays** (North Central KTS), **Hutchinson** (Hutchinson CC), **Independence** (Independence CC), **Iola** (Allen County CC), **Kansas City** (Kansas City KCC), **Liberal** (Southwest KTS and **Seward County CC**), **Overland Park** (Johnson CCC), **Parsons** (Labette County CC), **Pratt** (Pratt CC), **Salina** (Salina Area TS), **Topeka** (Kaw Area TS), **Wichita** (Wichita Area TC).

**Medication Aide Program Revision** - Curriculum and test development for the medication aide program is progressing. Edits are being made to the first draft of the curriculum. Staff is reviewing recommendations and attempting to craft a document that is useful and provides the level of complexity in training appropriate for the 60-hour certified medication aide program. The first draft of the test questions is ready for comparison to the curriculum. The regulations, policies and procedures are also being reviewed. If you have suggestions for the revision of the program, please contact Martha Ryan at 785-296-0058 or [mryan@kdhe.state.ks.us](mailto:mryan@kdhe.state.ks.us).

**Certified Nurse Aide Skills Competency Checklist** - The certified nurse aide skills competency checklist is being reviewed. The current checklist was sent to 36 entities with a cover memo requesting feedback/recommendations. The feedback/recommendations will be used to develop models which will be presented to the HOC advisory group. The next scheduled meeting is June 29, at the KNEA Building, Topeka, beginning at 9:30 a.m.

## Resources for Quality Care

- **Clinical Practice Guidelines on the Prevention and Management of High Cholesterol in Adults**

On May 15, the **National Heart, Lung and Blood Institute** issued major new clinical practice guidelines on the prevention and management of high cholesterol in adults(also known as the **Adult Treatment Panel (ATP) III**). To help implement the guidelines, a patient brochure, a 10 year heart attack risk calculator, an Live Healthier, Live Longer Web site, is available at <http://www.nhlbi.nih.gov/index.htm>. Click on ATP III cholesterol Guidelines under "Highlights."

- **Nutrition and Your Health: Dietary Guidelines for Americans**

This document provides recommendation about food choices which promote health and prevent disease. The guidelines, mandated by Congress, are revised every 5 years. The 2000 version of the guidelines, in English and several other languages, is available at <http://www.ars.usda.gov/dgac/dgacguidexp.htm>. Federal agencies are required to promote these guidelines. Reference to the guidelines is in the federal **Guidance to Surveyors**.

- **Malnutrition and COPD - Chronic Obstructive Plumonary Disease**

Screening method evaluated by nutrition status measurement can be used to detect malnourishment in chronic obstructive pulmonary disease. The results of this study confirm the frequent finding of malnutrition among patients with COPD and show that a simple screening sheet can be used to identify which patients need further nutrition assessment and treatment. COPD is a chronic disease included in the **HCFA Nutrition and Hydration Care Guide**. Inga Thorsdottir, PhD (COPD) Journal of the American Dietetic Association, June 2001, 648-54.

- **Influenza Vaccine Bulletin #2**

A copy of the bulletin issued by Centers for Disease Control and Prevention is included in this *Fact Sheet*. All health care facilities are encouraged to immunize both residents and staff.

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**ANE ISSUE STATISTICS 3/1/01 to 5/31/01**  
**Hotline Calls Assigned for Investigation**

<u>ANE Investigations</u>		<u>Care Issues Investigated</u>	
Total	440	Total	361
March	181	March	138
April	180	April	120
May	179	May	103

\*Licensure Category

Correction Orders

2001 Quarters

1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

Inadequate supervision	2
Inadequate or inappropriate hygiene and skin care	3
Inadequate or unqualified staffing	2
Unsafe medication administration or storage	4
Inadequate or inappropriate dietary/nutritional services	3
General sanitation and safety	1
Inadequate accounting of funds	1
Inadequate administration	3
Other:	
ANE issues	2
Inappropriate admissions	1
Resident Functional Capacity Screen	3
Negotiated Service Agreement	8
Health Care Services	6
Inadequate documentation of resident records	1

Civil Penalties 7

Correction Orders 19

Bans on Admission 8

\*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.

**FEDERAL REMEDIES -CATEGORIES 2 & 3 - 2001 Quarters**

	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	11			
Denial of Payment for New Admissions Imposed	30			
Terminations	1			
NOTC	36			